



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2002  
OF THE CONDITION AND AFFAIRS OF THE  
ProCare Health Plan

NAIC Group Code			NAIC Company Code	11081	Employer's ID Number	38-3295207
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]		Dental Service Corporation [ ]	
	Vision Service Corporation [ ]		Other [ ]		Health Maintenance Organization [ X ]	
	Hospital, Medical & Dental Service or Indemnity [ ]		Is HMO, Federally Qualified? Yes [ ] No [ X ]			
Incorporated	09/29/1995		Commenced Business		12/13/2000	
Statutory Home Office	1956 Mt. Elliot Street			Detroit, MI 48207		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	1956 Mt. Elliot Street					
	Detroit, MI 48207			313-925-4607		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	1956 Mt Elliot Street			Detroit, MI 48207		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	1956 Mt. Elliot Street					
	Detroit, MI 48207			313-925-4607		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address	www.kolejames@aol.com					
Statement Contact	YVONNE WHITLEY			313-925-4607		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	rnone88@hotmail.com			313-925-0322		
	(E-mail Address)			(FAX Number)		
Policyowner Relations Contact						
	(Street and Number)					
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number) (Extension)		

OFFICERS

President	Augustine Kole-James, MD	Treasurer	Harold Montgomery, CPA
Secretary	Robin Cole, RNC,MBA		

VICE PRESIDENTS

Robin Cole,RNC,MBA		
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DIRECTORS OR TRUSTEES

Augustine Kole-James, MD, Chairman	Harold Montgomery, CPA, Treasurer	Anthony Adeleye, MD, V. Chairman
Catherine Riley, Member	Robin Cole, RNC,MBA, Secretary	Elizabeth Williams, Member

State of ..... }  
County of ..... } ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Augustine Kole-James, MD President	Harold Montgomery, CPA Treasurer	Anthony Adeleye, MD, Medical Director Secretary
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Subscribed and sworn to before me this	a. Is this an original filing?	Yes [ X ] No [ ]
day of 2003	b. If no	
	1. State the amendment number	
	2. Date filed	03/01/2003
	3. Number of pages attached	

## ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Pro Care Health Plan Inc

### EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Pro Care Health Plan Inc

## EXHIBIT 4 - HEALTH CARE RECEIVABLES

[illegible]

## EXHIBIT 5 - CLAIMS PAYABLE (Reported and Unreported)

20

Exhibit 6 - Amounts Due From Parent, Subs

NONE

Exh 7-Amount Due to Parent, Subs

NONE

EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.0	.0.0		.0.0		
2. Intermediaries .....	.0	.0.0		.0.0		
3. All other providers .....	.0	.0.0		.0.0		
4. Total capitation payments .....	.0	.0.0	.0	.0.0	.0	.0
Other Payments:						
5. Fee-for-service .....	.0	.0.0	XXX	XXX		
6. Contractual fee payments .....	11,695	100.0	XXX	XXX		11,695
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0.0	XXX	XXX		
9. Non-contingent salaries .....	.0	.0.0	XXX	XXX		
10. Aggregate cost arrangements .....	.0	.0.0	XXX	XXX		
11. All other payments .....	.0	.0.0	XXX	XXX		
12. Total other payments .....	11,695	100.0	XXX	XXX	0	11,695
13. TOTAL (Line 4 plus Line 12)	11,695	100 %	XXX	XXX	0	11,695

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	6 Intermediary's Total Adjusted Capital	7 Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	752		483	269	269	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	752	0	483	269	269	0



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Pro Care Health Plan Inc

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION		Pro Care Health Plan Inc		2. DIVISION		(LOCATION)				
NAIC Group Code	BUSINESS IN THE STATE OF Michigan			DURING THE YEAR 2002			NAIC Company Code		11081	
	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	0									
2 First Quarter .....	0									
3 Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Premiums Collected .....	194,655								194,655	
13. Premiums Earned	194,655								194,655	
14. Amount Paid for Provision of Health Care Services .....	11,695								11,695	
15. Amount Incurred for Provision of Health Care Services	(4,608)								(4,608)	





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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION		Pro Care Health Plan Inc		2. DIVISION		(LOCATION)				
NAIC Group Code	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2002			NAIC Company Code 11081			
	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0
2 First Quarter .....	0	0	0	0	0	0	0	0	0	0
3 Second Quarter .....	0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6 Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Premiums Collected .....	194,655	0	0	0	0	0	0	0	194,655	0
13. Premiums Earned	194,655	0	0	0	0	0	0	0	194,655	0
14. Amount Paid for Provision of Health Care Services .....	11,695	0	0	0	0	0	0	0	11,695	0
15. Amount Incurred for Provision of Health Care Services	(4,608)	0	0	0	0	0	0	0	(4,608)	0

SCHEDULE A VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value, December 31, prior year (prior year statement)	710,580
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 10	(15,242)
2.2 Totals, Part 3, Column 7	0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 13	0
4.2 Totals, Part 3, Column 9	0
5. Total profit (loss) on sales, Part 3, Column 14	0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 11	0
6.2 Totals, Part 3, Column 8	0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	0
8. Book/adjusted carrying value at end of current period	695,338
9. Total valuation allowance	
10. Subtotal (Lines 8 plus 9)	695,338
11. Total nonadmitted amounts	
12. Statement value, current period (Page 2, real estate lines, current period)	695,338

SCHEDULE B VERIFICATION BETWEEN YEARS

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	NONE
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	
3. Accrual of discount and mortgage interest points and commitment fees	
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	
12. Total nonadmitted amounts	
13. Statement value of mortgages owned at end of current period	

SCHEDULE BA VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	NONE
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	
3. Accrual of discount	
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book/adjusted carrying value of long-term invested assets at end of current period	
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	
12. Total nonadmitted amounts	
13. Statement value of long-term invested assets at end of current period	

Schedule D - Part 1A - Section 1

NONE

Schedule D - Part 1A - Section 2

NONE

Schedule DA - Part 2

NONE

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY

NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

NONE

Schedule Y - Part 2

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....

Yes [ ☐ ] No [ ☒ ]
2.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....

Yes [ ☒ ] No [ ☐ ]
3.

Will an actuarial certification be filed by March 1?.....

Yes [ ☒ ] No [ ☐ ]
4.

Will the Risk-based Capital Report be filed with the NAIC by March 1?.....

Yes [ ☒ ] No [ ☐ ]
5.

Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....

Yes [ ☒ ] No [ ☐ ]
6.

Will the SVO Compliance Certification be filed by March 1? .....

Yes [ ☐ ] No [ ☒ ]

APRIL FILING

7.

Will Management's Discussion and Analysis be filed by April 1?.....

Yes [ ☒ ] No [ ☐ ]
8.

Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?.....

Yes [ ☐ ] No [ ☒ ]
9.

Will the Investment Risks Interrogatories be filed by April 1? .....

Yes [ ☒ ] No [ ☐ ]

JUNE FILING

10.

Will an audited financial report be filed by June 1 with the state of domicile? .....

Yes [ ☒ ] No [ ☐ ]

EXPLANATIONS:

BAR CODE:

1.

  
1 1 0 8 1 2 0 0 2 3 6 0 5 8 0 0 0
6.

  
1 1 0 8 1 2 0 0 2 4 7 0 0 0 0 0
8.

  
1 1 0 8 1 2 0 0 2 3 3 0 5 8 0 0 0

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